

SAN GABRIEL/POMONA REGIONAL CENTER

July 21, 2021

TO: Penelope Fode, Board President & Board of Directors
San Gabriel / Pomona Valleys Developmental Services, Inc.

FROM: Anthony Hill, M.A. J.D. Esq.
Executive Director

RE: Executive Director's Report

SG/PRC's Critical Business Functions

We are pleased to report that all critical functions including Intake/Eligibility, Client Services, Fiscal, Clinical, Human Resources, Quality Assurance and Information Technology are at optimal levels. Given the recent rise in COVID-19 transmissions within Los Angeles County reportedly due to the Delta Variant, we have temporarily slowed the pace of our gradual reduction of our remote workforce.

Ninety five percent (95%) of our employees are fully vaccinated. As an additional layer of protection for SG/PRC employees' health and safety... staff are required to participate in our onsite COVID-19 testing clinic at least monthly. The SG/PRC office has remained open throughout the COVID-19 pandemic. Visitors and staff are required to wear a face mask and pass a contactless temperature screening device. We have held firm with this practice, even though guidance from local public health authorities has varied. Our Porter cleans and sanitizes our business office daily, supported by other internal health and safety protocols.

We are very proud of our distinction of being the **only regional center throughout the pandemic** that has continued to safely provide in-person intake and eligibility services and early intervention service clinics. We do not have recent referral, intake and eligibility data to report. It will be reported next month.

LA County COVID-19 Positivity Data/Impact- Delta Variant

LA County Public Health Officials on June 17, 2021, as a proactive response to the COVID-19 Delta Variant, has mandated that all residents wear face masks, including individuals that are fully vaccinated. SG/PRC's COVID-19 positivity rate have demonstrated a slight uptick (See Attachment A). We have two hotspots in residential facilities. "Hotspots" are operationally defined as at least one COVID-19 positive test outcome for either an individual served that resides in a residential facility or a staff that delivers care and supervision. Consistent with our abundance of caution strategy, we are assessing our staffing and residential service resources to ensure that we have sufficient capacity to meet the needs of our community, if we experience another surge.

SG/PRC's COVID-19 Testing Clinic

Our COVID-19 testing clinic is open every Tuesday, Wednesday, and Thursday for individuals served and their families, service provider staff and their families, and SG/PRC staff and their families. The clinic is held at the SG/PRC office from 9 a.m. to 11:30 a.m. (See Attachment B). Our contract with California Department of Public Health, Color and Valencia Laboratories ends on August 31, 2021. We will engage best efforts to secure this resource throughout the upcoming fall and winter months.

COVID-19 Vaccine Data

As required by the Department of Developmental Services (DDS) Directive, SG/PRC is collecting COVID-19 vaccine data for individuals served. We are collecting the vaccine brand, whether or not the individual served is fully vaccinated, and whether or not the individual served demonstrated their choice to decline COVID-19 vaccines. SG/PRC's vaccine data collection efforts on a proportional basis remains at **the top of the list** of regional centers according to DDS Data at www.dds.ca.gov under [COVID-19 data](#). Our efforts to collect COVID-19 vaccine data will remain persistent.

SG/PRC's Dental Screening Clinic

On July 31, 2021, SG/PRC will host its 4th dental clinic during the COVID-19 pandemic. The SG/PRC dental clinic is a collaborative partnership with Western University.

The clinic is held within the SG/PRC business office parking lot with the use of canopy tents, allowing space for physical distancing. Attendees are required to pass a contactless temperature screening monitor, and wear face masks. The purpose of the dental clinic is to support the individual served with securing a permanent dental provider. The dental clinic offers screenings, and implementation of desensitization strategies relying on doctrines of applied behavior analysis.

Please contact your Service Coordinator if you are interested in learning more about our dental clinic or how to access services through our dental clinic.

SG/PRC's Budget FY 20/21 as of June 17, 2021

SG/PRC's Operations (OPS) Budget allocation for FY 20/21 is \$32,367,211 projecting at \$32,017,615 at the end of the fiscal year. Current month expenditures are \$2,495,311 and year to date expenditures are \$27,177,200.

SG/PRC's Purchase of Service (POS) Budget allocation is \$283,327,207. Current month claims are \$22,108,237. Year to date expenditures estimates \$239,854,196. We are projecting a reserve reflecting \$8,019,175.

Department of Developmental Services (DDS)

Service Providers Independent Financial Reports/Audits

On May 26, 2021, all regional centers including SG/PRC received a DDS Directive regarding service providers' independent reviews and audit compliance. Welfare & Institutions Code Sections 4652.5 (c); 4652.5(d) and 4652.5 (h), includes claim thresholds requiring service providers to obtain a financial review and report or an audit and an audit report to be completed by an independent entity and thereafter to be submitted to the regional center. Regional Centers are required to submit a plan of corrective action intended to achieve compliance. SG/PRC on June 30, 2021 submitted its plan of correction and internal procedures (See Attachment C).

Regional Center Caseload Ratios

As many of you are aware the regional center system has a shortfall of 921 Service Coordinators, not including supportive supervision and administrative staff. Currently, SG/PRC is expending nearly 1.5 million dollars above its DDS allocation for Service Coordinator salaries, compensation, benefits, and information technology needs. We are pleased that caseload ratios will be addressed in Fiscal Year 22/23 as projected budget policy.... at the cost of 61 million dollars annually. Evidence is sufficient and demonstrates that the antiquated core staffing formula is a major culprit for this growing need. Under a reasonable analysis, the conversation related to the overall need, should shift from a narrow focus on caseload ratioto core staffing formula modification, with caseload ratios, Service Coordinator costs and other cost centers falling underneath.

Despite, glaring budget policy and ongoing funding deficiencies, SG/PRC continues to prioritize low caseloads and has met statutory thresholds in 5 of the 7 categories. Although well intended, SG/PRC's current strategy that redirects operations funding allocations from other critical functions to achieve caseload ratio requirements is not reasonably prudent long-term.

The strategy usurps operations funding that supports Service Coordinator functions or directly /indirectly supports individuals served and their families. These functions include intake, eligibility, clinical, fiscal, human resources, information technology, vendorization, resource development, community outreach, HCBS wavier and federal programs, special incident reporting, client benefits, transportation, vendor audits, quality assurance monitoring, housing, educational advocacy, forensic services & supports, technology acquisition and retention, business operations, administrative support staff, administration, records and indexing, facilities and maintenance, telecommunications, appeals, risk mitigation/ management, Board Certified Behavior Analyst services & supports, dental service coordination, and nursing services.

It is clear to all of us that the core staffing formula is a barrier preventing low caseload ratios, partially mitigated by the strategy discussed above. However, SG/PRC's caseload assignment practices has prevented symmetry across the scope of the statutory criteria measured and should be included in the SG/PRC corrective action plan as stated in the DDS July 2, 2021 letter. During May 2021, SG/PRC adjusted its caseload assignment practices with the goal to reduce caseload ratios across the agency and to extend the reach of agency resources.

According to the March 2021 survey, SG/PRC did not meet caseload ratio requirements for individuals served on the Home and Community Based Services Waiver (Waiver); SG/PRC reporting 1:66, California average is 1:77, and statutory threshold is 1:62. Also, SG/PRC did not meet caseload ratio requirements for Individuals Served not on the Waiver and Non-Mover; SG/PRC reporting 1:70, California average is 1:81, and statutory threshold is 1:66. Because, SG/PRC did not achieve full statutory compliance, SG/PRC is required to complete a plan of correction and submit its plan to DDS (See Attachment D).

Self- Determination Program (SDP)

Our lawmakers recently passed legislation that ...effective July 1, 2021, participation in the Self-Determination Program (SDP) is available for nearly all individuals served through regional centers. We do not know at this time, whether or not individuals that are provisionally eligible for regional center services are eligible to participate in SDP (See Attachment E).

Medi-Cal Provider Ongoing Enrollment Requirements

During December 2019, Regional Center Executive Directors, and Regional Center Board of Directors were notified about regional centers' requirement to become an enrolled Medicaid Provider (Medi-Cal), and to comply with disclosure requirements.

This enrollment requirement is applied across the California Health and Human Services Agency's departments or programs funded through Medicaid.

The disclosure requirement is ongoing and a revalidation process is required every five years or when there is substantial change in the composition of the regional center Board of Directors or Executive Director. We ask ourselves, why is this required? Currently, regional centers purchase of service funding is federally matched at 50% percent, (Medicaid funding) estimating \$4 Billion dollars (See Attachment F).

Extension of Waivers, Modification and Directives Due to COVID-19

DDS, on June 29, 2021 extended several COVID-19 related Directives including; extension of Early Start Services, Waiver of Half-Day Billing Requirements, and Waiver of Self-Determination Program Budget Restrictions for Financial Management Services. Recently extended DDS Directives, can be found at www.dds.ca.gov under the Coronavirus Section (See Attachment G).

State of California Department of Health Care Services – Initial HCBS Spending Narrative

As you are aware, the American Rescue Plan Act (2021) approved by the U.S. Congress and executed by the U.S. President included an allocation of federal dollars to support states' and local governments' efforts to manage the spread of COVID-19, to support business sectors, and to create greater access to vaccines and COVID-19 testing. California's American Rescue Plan Act ...spending plan cannot supplant existing state funds expended for Medicaid HCBS. Technically, the plan cannot unwind the federal funding matching component. We must keep in mind that American Rescue Plan dollars are time limited, and must be spent or encumbered before the end of 2025 tethered to the federal budget cycle ending September 30.

The major highlights for the Developmental Services System of care as are follows:

- Language Access and Cultural Competency Orientations and Translations (\$45.8M Total Fund, \$10M General Fund ongoing)
- Adult Family Homes for Older Adults (\$9.6M Total Fund, \$2.6M General Fund ongoing)
- Coordinated Family Support Service (\$42M Total Fund, ongoing)
- Enhanced Community Integration for Children and Adolescents (\$12.5M Total Fund)
- Social Recreation and Camp Services for Regional Center Consumers (121.1M Total Fund, ongoing)
- Developmental Services Rate Model Implementation (\$965M Total Fund, \$1.2B General Fund ongoing)
- Modernize Developmental Services Information Technology Systems (\$7.5M Total Fund one-time)

Some of the above were included in the recent state budget deal (See Attachment H).

Association of Regional Center Agencies (ARCA) Updates

The Association of Regional Center Agencies (ARCA) represents the 21 non-profit regional centers that advocate on behalf of and coordinates services for California's over 350,000 people with developmental disabilities.

The Association functions as a leader and advocate in promoting the continuing entitlement of individuals with developmental disabilities to achieve their full potential and highest level of self-sufficiency. The Association participates in the development of public legislative policy that impact individuals with developmental disabilities and their families.

Developmental Services Trailer Bill SB-136 Highlights

- Early Intervention-IFSP can be conducted remotely at the approval and request of the parent or authorized representative.
- Development of Group Home model for Children with Special Health Care Needs.
- Provisional Eligibility for 3-4 year olds without a formal diagnosis of a developmental disability.
- Implementation of rate increases for service providers, including quality measures and incentive program for regional centers.
- Replacement for the Uniformed Fiscal System.
- Prohibition against Uniformed Holidays.
- Rate suspension lifted for certain service codes.
- Expansion of Self- Determination Program, effective 7-1-2021.

Please see (Attachment I) for additional details, and public policy changes.